State of California State Water Resources Control Board

DIVISION OF WATER RIGHTS P.O. Box 2000, Sacramento, CA 95812-2000

General Information: (916) 341-5300 FAX: (916) 341-5400 Web: http://www.waterrights.ca.gov

CHANGE OF NAME/ADDRESS OR OWNERSHIP

Regulations require the owner of a water right to directly notify the State Water Resources Control Board (State Water Board) with information regarding either a change in the name and/or address of the current water right holder or a change in ownership of the water right (Cal. Code Regs., Title 23, §830-831). All correspondence pertaining to a water right, including the bill for fees, is mailed to the owner (or agent) of record at the most recent address supplied to the State Water Board. Until such time as the State Water Board is notified of a change in ownership, the owner of record is liable for all fees and related charges assessed to the billing account.

To inform the State Water Board of any updates to the name or address of the current water right holder, please complete Box 1 and return this form to the Division of Water Rights at the address above. To inform the State Water Board of a change in ownership of a water right, please complete Boxes 1 and 2. If there are joint owners of this water right, you must provide the names and addresses of all joint owners and designate one person to receive all correspondence from the State Water Board regarding the joint application (Water Code, § 1290; Cal. Code Regs., Title 23, § 691.) For multiple owners, please attach additional sheets as necessary.

Box 1: Current or New Owner: (complete for Change of Name/Address or Change of Ownership) Provide the water right identification number for all that apply: Application No. ______ Permit No. _____ License No. _____ Statement No. _____ Small Domestic/Livestock Registration or Stockpond Certificate No. Groundwater Recordation No. Select One: Individual/Sole Proprietor ____ Husband/Wife Co-Ownership ____ Estate ___ Trust ___ Joint Venture _ Partner/Co-Ownership ____ Limited Partnership ____ Limited Liability Partnership ____ Government Agency ____ Corporation ____ Unincorporated Business ____ Limited Liability Company ____ Organization/Association ____ Owner Name: Co-Owner: _____ Mailing Address: City, State, Zip: Phone Number: () E-Mail Address: Assessors Parcel Number(s) (APN) associated with the water right: Box 2: Former Owner: (complete only for Change of Ownership) ☐ I have assigned all my right, title, and interest in the above water right(s) to the party(s) named above. Owner Name: Mailing Address: City, State, Zip: Phone Number: () E-Mail Address: Please sign and return this form to the Division of Water Rights at the address above. (Keep a copy for your records if desired)

Name:

(Please Print Legibly)

Signature: _____

Date: